SCANNER CHECKOUT FORM

DATE ____________

**INSTRUCTIONS:** This form must be typed or printed legibly. Make copies of this form as necessary.

Use this form to request permission to check out a scanner from Capital Assets Accounting. It is the responsibility of the department to return the scanner to Capital Assets Accounting in good condition and on a timely basis. Any malfunction of the scanner should be reported to Capital Assets Accounting personnel immediately.

1. By signing this checkout form you are assuming responsibility for the scanner. Any damages will be charged to the department account number. Failure to return the scanner **will result in a charge for replacement costs.**
2. Capital Assets Accounting will not check out a scanner without a valid UK cost center number.
3. Scanners will be checked out for a maximum of two days.

DEPARTMENT REPRESENTATIVE ___________________________________________ PHONE ________________

DEPT NUMBER ____________ DEPARTMENT NAME ____________________________________________

COST CENTER # ___________________________ ESTIMATED RETURN DATE ________

DEPARTMENT HEAD SIGNATURE ______________________________________________

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Do not write below this line.

<table>
<thead>
<tr>
<th>SCANNER PROPERTY NUMBER</th>
<th>SERIAL NUMBER</th>
<th>MODEL NUMBER</th>
<th>CONDITION</th>
<th>ACTUAL RETURN DATE</th>
</tr>
</thead>
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Checked Out To: __________________________________________ (Departmental Representative)

Approved By: __________________________________________ Date: ____________________________
(Capital Assets Accounting Representative)

Return in Good Condition Verified By: __________________________ Date: ____________________________
(Capital Assets Accounting Representative)